Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name STUMLER'S CATERING					Telephone Number Est 502-817-2084	Date of Inspection	ID#	
Address 1805 BEECHWOOD AVE, NEW ALBANY IN 47150					Own 502-817-2084	02/16/2022		
Owner DEBORAH GREGORY					Purpose X Routine	Follow Up	Released 02/16/2022	
Owner's Address 207 BARTHOLOMEW BLVD. JEFFERSONVILLE, IN 47130-					Follow-up Complaint	Follow-up Complaint		
Person in Charge DEBRA GREGORY					Pre-Operational			
Responsible Person's Email STUMLERSCATERING@YAHOO.COM					Temporary HACCP			
Certified Food Handler DELIA BROWN					Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"								
Section #	C	C NC R Narrative					To Be Corrected	
218	Х		establishment a	Observed no copy of certified food manager. PIC stated CFM had left establishment and there are 3 employees registered for a class in early March.				
355		X	When speaking discarded in the	When speaking with employee it was discovered mop water was not being discarded in the public sewer system. If mop sink is unavailable water can be disposed of in employee toilet.				
410		Х	out. 70 is minin	num in areas of food preasured above 70 in foo	5 footcandles. Replace bulbs that a rep. Other areas had missing bulbs l and prep and warewash and above 20	but		
411		X	Observed no lig	tht shield on light fixtur shatter guards on bulbs	r 2 weeks			
Summary of Vio	olations	(C <u>1</u> NC	3 R 0				
Received by (nar		itle prin	nted):		Inspected by (name and title printed): Thomas Snider CFS			
Received by (sig	nature):				Inspected by (signature):			
cc:				cc:	0000	cc:	_	